

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088996

1. Entity Name

HEALTH IMAGING GROUP, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90067 033 ***150.00

Principal Place of Business

Mailing Address

8260 W FLAGLER ST

8260 W. FLAGLER STREET #111

1J

MIAMI FL 33144-2069

MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

8260 W. Flagler Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1J

City & State

City & State

Miami

Zip

Country

Zip

33144

Country

FL

4. FEI Number

65-0000000 0793332

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELGADO, FRANCISCO M
8260 W. FLAGLER STREET #111
MIAMI FL 33144

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/00

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DELGADO, FRANCISCO M
STREET ADDRESS 8260 W. FLAGLER STREET #111 1J
CITY-ST-ZIP MIAMI FL 33144

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME DELGADO, M
STREET ADDRESS 8260 W FLAGLER ST, STE 111 1J
CITY-ST-ZIP MIAMI FL 33144

☐ Delete

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address in all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francisco M. Delgado

Date

Daytime Phone #

3464

CR2E034 (9/99)